

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	DEP5285USPCT
		First Named Inventor	Liam Rowley
		<b>COMPLETE IF KNOWN</b>	
		Application Number	to be assigned
		Filing Date	
		Group Art Unit	
		Examiner Name	to be assigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS FOR GUIDING A SURGICAL INSTRUMENT**  
*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **03/07/2005** as United States Application Number or PCT International Application Number

**PCT/WO2005/000861** and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0405386.4 PCTWO2005/000861	GB GB	03/10/2004 03/07/2005	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

Practitioners at Customer Number 000027777 →

Place Customer

Number Bar Code

Label Here

AND

Practitioner(s) named below:

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Brian S. Tomko at telephone number (732) 524-1239.

Direct all correspondence to:	<input checked="" type="checkbox"/> or Bar Code Label	<span style="border: 1px solid black; padding: 2px;">000027777</span>	OR	<input type="checkbox"/> Correspondence address below
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Name:

Address:

Address:

City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Liam		Family Name or Surname ROWLEY		
Inventor's Signature		Date		
Residence: City Keighley	State	Country GB	Citizenship GB	
Mailing Address 12 Oakbank Drive				
City Keighley	State	ZIP BD22 7DX	Country GB	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Alex		Family Name or Surname HOGG		
Inventor's Signature		Date		
Residence: City Bardsey	State	Country GB	Citizenship GB	
Mailing Address 14 Second Avenue				
City Bardsey	State	ZIP LS17 9BQ	Country GB	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Michael		Family Name or Surname ROCK		
Inventor's Signature		Date		
Residence: City Leeds	State	Country GB	Citizenship GB	
Mailing Address 12 Swinnow Close				
City Leeds	State	ZIP LS13 4NF	Country GB	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FOURTH INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Mark	Family Name or Surname FULTON		
Inventor's Signature	Date		
Residence: City Leeds	State	Country GB	Citizenship GB
Mailing Address Apt. 27 South, Velocity, 6 City Walk			
City Leeds	State	ZIP LS11 9BJ	Country GB